

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071483

Entity Name: PM VALVES & FITTINGS, LLC

FILED  
Jan 29, 2007  
Secretary of State

**Current Principal Place of Business:**

4217 OLD ROAD 37  
LAKELAND, FL 33813

**New Principal Place of Business:**

4305 HIGHLAND PARK BLVD  
LAKELAND, FL 33813

**Current Mailing Address:**

4217 OLD ROAD 37  
LAKELAND, FL 33813

**New Mailing Address:**

4305 HIGHLAND PARK BLVD  
LAKELAND, FL 33813

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MADSEN, PETTER  
4217 OLD ROAD 37  
LAKELAND, FL 33813    US

**Name and Address of New Registered Agent:**

MADSEN, PETTER  
4305 HIGHLAND PARK BLVD  
LAKELAND, FL 33813    US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PETTER MADSEN

01/29/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGR            ( ) Delete  
Name:            MADSEN, PETTER  
Address:        4217 OLD ROAD 37  
City-St-Zip:    LAKELAND, FL 33813

**ADDITIONS/CHANGES:**

Title:            MGR            (X) Change ( ) Addition  
Name:            MADSEN, PETTER  
Address:        4305 HIGHLAND PARK BLVD  
City-St-Zip:    LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PETTER MADSEN

MEM

01/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date